

		Date _____
ADDRESS OF JOB _____		City _____ Zip Code _____
Working In Unit(s) # _____	TAX DISTRICT/PARCEL # _____	
Parcel Location: Side of street N W E S	Distance to nearest intersection is _____ ft.	
Direction to nearest intersection N W E S	Name of nearest intersecting street _____	
Name of Establishment _____	Current Use _____	
Historic District _____	Special District _____	
PROPERTY OWNER OF RECORD _____	Telephone (____) _____ FAX (____) _____	
Address _____	City/State _____ Zip Code _____	
SIGNATURE OF OWNER _____	PRINT OR TYPE NAME _____	
CONTRACTOR _____	Telephone (____) _____ FAX (____) _____	
Address _____	City/State _____ Zip Code _____	
License # _____	License Expiration Date _____	Email _____
SIGNATURE OF LICENSED CONTRACTOR OR AUTHORIZED SIGNER _____	PRINT OR TYPE NAME _____	
SOFT ACCOUNT # _____	AUTHORIZED SIGNATURE OF ACCOUNT _____	

[illegible]

#S-13A 10/02



INSTALLATION PERMIT APPLICATION (PAGE 2)

CALCULATION AND DESCRIPTION OF SIGN

Zoning District _____ Setback from R.O.W. _____ FT Mount Type ☐ Ground ☐ Projecting ☐ Wall ☐ Roof

Zoning # _____ Map # _____ (or digital Map) If Projecting, distance over R.O.W. _____

Street Classification: Speed limit _____ # of lanes _____ Height to top _____ FT Clearance _____

Area of elevation of building associated with sign: _____ Illuminated ☐ Yes ☐ Internal ☐ External ☐ No

_____ × _____ = _____ SQ FT UL or equivalent listing # _____

√ area = _____ SQ FT × mass factor _____ Existing graphic area _____ SQ FT # of faces _____

Allowable graphic area = _____ SQ FT Graphic area this permit _____ SQ FT Total _____ SQ FT

GROUND SIGN SPECIFICATIONS

INDICATE APPLICABLE ENGINEERING REFERENCE FROM FOUNDATION AND SUPPORT STRUCTURAL SPECIFICATIONS. OTHERWISE, SUBMIT WORKING DRAWINGS CERTIFIED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF OHIO.

- ☐ Per Certified Working Drawings
☐ Per 1996 Ground Sign Standards Registration # _____
☐ Other _____

WALL SIGN SPECIFICATIONS

INDICATE APPLICABLE ENGINEERING REFERENCE FROM FOUNDATION AND SUPPORT STRUCTURAL SPECIFICATIONS. OTHERWISE, SUBMIT WORKING DRAWINGS CERTIFIED BY AN ARCHITECT OR ENGINEER LICENSED BY THE STATE OF OHIO.

- ☐ Per Certified Working Drawings
☐ Per 1996 Wall Sign Standards Registration # _____
☐ Other _____

NEON GRAPHIC & NEON OUTLINE LIGHTING SPECIFICATIONS

☐ Graphic Area _____ SQ FT # of Circuits Required _____
☐ Outline Lighting Length _____ FT # of Disconnect Switches _____
 # of Transformers _____ Transformer Voltage _____

FOR OFFICE USE ONLY Including Address Verification

BASE FINAL

Cashier Log # _____

Amount Received _____

Date _____

Counter Review _____ | _____

Zoning Review _____ | _____

Plans Exam Review _____ | _____

☐ Neon

PLAN / PERMIT PICK-UP RECEIPT

Print Name _____ Signature _____

Representing _____ Date _____

Phone _____ ☐ Mail Date _____